•									Applicat	ion or [ocket Nur	nber	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								RD 10/6949/168					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	3	1 . 5	_				RATE	FE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	00 OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• 2 2			X\$ 9=		OF	X\$18=	N. 1. 16	
INDEPENDENT CLAIMS			`\ minus 3 =		*			X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		7			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR		186.6		
6-10-05 CLAIMS AS AMENDED - PART II								IOIAL	· ——		OTHER		
2	(Column 1) (Column 2) (Column 3						_	SMALI	LENTIT	OR	SMALL		
AMENDMENT A	_	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L	RATE	ADDI- TIONAL FEE	
	Total	. 42	Minus	** 4	12	= 🔀		X\$ 9=		OR	X\$18=		
	Independent	+ 1	Minus	***		= 4		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIM			1	+145=		OR	+290=		
							L	TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								ODII. FEI					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***	<u>· </u>	=		X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╹┞	+145=		OR	+290=		
							L	TOTAL		\exists_{α}	TOTAL		
(Only 1) (Only 1)								DDIT. FEE	L		ADDIT. FEE		
_	`	(Column 1) CLAIMS		(Colum		(Column 3)	" -			-			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		┪	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	 	OR			
• 1	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 									OR	+290=		
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE		
		ber Previously Paid					r foun	d in the ap	opropriate t	oox in col	umn 1.		